

START TIME: : AM / PM

SECTION A
CURRENT RESIDENCE

I will be asking you questions about you, your home, your jobs, and your use of electrical appliances. Although most will be totally new questions, some will refer back to the interview you completed for the Long Island Breast Cancer Study Project (several weeks ago/last month/several months ago). I am going to begin by asking you some questions about your current home.

A1. When did you move to your current address?

- OR
MO YR AGE

A2. Please focus on the 15 year time period prior to (REFERENCE DATE), that would be from (15 YEARS PRIOR TO REFERENCE DATE) through (REFERENCE DATE). For how many of these 15 years did you live in this home for at least 9 months a year?

YEARS

A3. In what year was this home built?

(A4)
YEAR

DK.....9998

A3a. Was this home built:

Prior to 1940,.....	01	} (A4)
From 1941 through 1949,	02	
From 1950 through 1959,	03	
From 1960 through 1969,	04	
From 1970 through 1979,	05	
From 1980 through 1989, or	06	
Later than 1989?.....	07	
DK	98	

A3b. Was this home built:

Prior to 1960,.....	1
During the 1960's or 1970's, or.....	2
Since 1980?.....	3
DK.....	8

A4. What is the primary source of heat in this home? Is it:

Electric, 1
 A gas furnace, 2
 An oil furnace, or 3
 Some other source of heat? (SPECIFY) 4

A5. During any time from (15 YEARS PRIOR TO REFERENCE DATE) to the present, has this home had electric baseboard heaters?

YES 1
 NO 2 (A10)

A6. CIRCLE MOST LIVED IN ROOM CODE.	A7. In which of the following rooms have you used electric baseboard heaters during any time from (15 YEARS PRIOR TO REFERENCE DATE) to the present:	A8. Do you currently use electric baseboard heaters in (ROOM)?	A9. During the 15 year period from (15 YEARS PRIOR TO REFERENCE DATE) to (REFERENCE DATE), for how many years did you use electric baseboard heaters in (ROOM)?
	<div style="display: flex; justify-content: space-around;"> <div>YES</div> <div>NO</div> <div>NO SUCH ROOM</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>YES</div> <div>NO</div> </div>	
01	a. Your bedroom? 1 2(A7b) 3(A7b)	1 2	___ YEARS
02	b. Any other bedrooms? 1 2(A7c) 3(A7c)	1 2	___ YEARS
03	c. The family room or den? .. 1 2(A7d) 3(A7d)	1 2	___ YEARS
04	d. The basement? 1 2(A7e) 3(A7e)	1 2	___ YEARS
05	e. The kitchen? 1 2(A7f) 3(A7f)	1 2	___ YEARS
06	f. The living room? 1 2(A7g) 3(A7g)	1 2	___ YEARS
07	g. The dining room? 1 2(A7h) 3(A7h)	1 2	___ YEARS
08	h. Some other room? 1 2(A10) 3(A10)		
	(SPECIFY) _____	1 2	___ YEARS
	_____	1 2	___ YEARS
	_____	1 2	___ YEARS

A10. Do you currently have any type of air conditioning in this home?

YES 1
 NO 2 (A12)

CONTINUATION BOOKLET USED: Y / N

A11. Do you generally use central air conditioning, window units, or both in this home?

CENTRAL AIR CONDITIONING	1
WINDOW UNITS.....	2
BOTH	3
DO NOT USE AIR CONDITIONING.....	4

A12. Thinking back to the period from (15 YEARS PRIOR TO REFERENCE DATE) to the present, did you use a window air conditioning unit in your bedroom?

YES.....	1	
NO	2	(A14)

A13. During this time period, for how many years did you use a window air conditioning unit in your bedroom?

YEARS

A14. From (15 YEARS PRIOR TO REFERENCE DATE) to the present, have you made any major changes to this home? Please include changes to your heating system, air conditioning, cooking system, electrical wiring, or any additions or renovations to the structure of this home.

YES.....	1	
NO	2	(SECTION B)

A15. From (15 YEARS PRIOR TO REFERENCE DATE) to the present, (were major changes made to/ did you make):	A16. Please describe the changes to (SYSTEM) that were made.	A17. In what year was this change completed? (IF CURRENTLY IN PROGRESS, ENTER 9997.)
<div style="text-align: center;"> <u>YES</u> <u>NO</u> </div>		
a. This home's heating system?..... 1 2 (A15b)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
b. The air conditioning in this home?..... 1 2 (A15c)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
c. The cooking system in this home?..... 1 2 (A15d)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
d. The electrical wiring in this home?..... 1 2 (A15e)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
e. Any additions or renovations to the structure of this home? 1 2 (A15f)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
f. Any other aspect of this home?..... 1 2 (SECTION B)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

CONTINUATION BOOKLET USED: Y / N